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RENEWAL

CITY OF COPPERAS COVE

Water Department – Backflow Prevention & Customer Service

(BPAT & CSI)

914 Tank Street, Copperas Cove, TX 76522

Phone (254) 547-2416

FAX (254) 547-2181

www.ci@copperascovetx.gov

LICENSED BACKFLOW PREVENTION TESTER REGISTRATION FORM

Registration Requirements:

- ✓ TCEQ Backflow Prevention Assembly Tester Accreditation.
- ✓ Current copy of accuracy test/calibration report for each testing gauge kit in use.
- ✓ Any other licenses pertaining to plumbing, fire lines, and irrigation.
- ✓ FILL OUT THIS FORM COMPLETELY – or registration will be void.

Please use ONE form per tester (not one per company/contractor). Use "N/A" where you don't have the information requested.

TESTER'S INFORMATION:

Name (Last, First, MI) : _____

Home Mailing Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____ Fax Number: _____

E-Mail Address: _____

Backflow Prevention Assembly Tester's License Number: _____

License Expiration Date: _____

BUSINESS/EMPLOYER'S INFORMATION:

Business Name: _____

Mailing Address: _____

City, State & Zip _____

Contact Person's Name: _____

Business Phone: _____ Work Cell Phone: _____

Fax Number: _____ E-Mail Address: _____

TESTING GAUGE INFORMATION:

Make	Model	Serial Number	Calibration Expiration

I certify that all the information provided in association with this application is **true** and **correct** and that the Backflow Prevention Assembly Accreditation from the **TCEQ has not been revoked**.

Tester's Signature: _____ Printed Name: _____ Date: _____

THIS AREA IS TO BE COMPLETED BY OFFICE PERSONNEL ONLY

Received and Verified by	Date	Comments